

UNITED STATES PATENT & TRADEMARK OFFICE
Washington, D.C. 20231

REQUEST FOR PATENT FEE REFUND

1 Date of Request: 5/22/03

2 Serial/Patent # 04/339,059

3 Please refund the following fee(s):

4 PAPER
NUMBER

5 DATE
FILED

6 AMOUNT

Filing

\$

Amendment

\$

✓ Extension of Time

13

1/21/03

\$ 410

Notice of Appeal/Appeal

\$

Petition

\$

Issue

\$

Cert of Correction/Terminal Disc.

\$

Maintenance

\$

Assignment

\$

Other

\$

7 TOTAL AMOUNT
OF REFUND

\$ 410.00

8 TO BE REFUNDED BY:

✓ Treasury Check

Credit Deposit A/C #:

10 REASON:

Overpayment

Duplicate Payment

✓ No Fee Due (Explanation):

Maximum period Expired

11 REFUND REQUESTED BY:

TYPED/PRINTED NAME: CHARLENN GRANT

TITLE: Return to Atty

SIGNATURE: Charlene Grant

PHONE: 304-0251

OFFICE: Patent

THIS SPACE RESERVED FOR FINANCE USE ONLY:

APPROVED: [Signature]

DATE: 5/27/03

Instructions for completion of this form appear on the back. After completion, attach white and yellow copies to the official file and mail or hand-carry to: